

Fill in this information to identify the case:

of 9

Debtor Arco Corporation  
 United States Bankruptcy Court for the: Northern District District of IL  
 Case number 19-35238 (If known) (State)

☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

## 2.1 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is: \$

- Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

Total claim

Priority amount

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS

JAN 13 2020

JEFFREY P. ALLSTEADT, CLERK  
 INTAKE 3

## 2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is: \$

- Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

## 2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is: \$

- Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
3.1	<p>Bunge Loders Crocklaan            a Hn: Cheryl Pinson            1391 Timberlake Manor Pkwy            Chesterfield, mo 63617            Date or dates debt was incurred 2/11/2019            Last 4 digits of account number 8941</p>	<p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: goods sold</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$ 47,481.
3.2	<p>Nonpriority creditor's name and mailing address</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$
3.3	<p>Nonpriority creditor's name and mailing address</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$
3.4	<p>Nonpriority creditor's name and mailing address</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$
3.5	<p>Nonpriority creditor's name and mailing address</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$
3.6	<p>Nonpriority creditor's name and mailing address</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:  
Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ Liquidated and neither contingent nor disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:  
Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:  
Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:  
Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:  
Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ \_\_\_\_\_

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 3:****List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
- If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number,  
if any

4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ \_\_\_\_\_

5b. Total claims from Part 2

5b. + \$ 47,481.

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 47,481.



### Accountancy Invoice

ARRO CORPORATION  
7440 SANTA FE  
HODGKINS IL 60525  
United States

Invoice date: 02/11/2019  
Page 1/1  
Invoice no. 7214814  
Post address 108941  
Delivery order 1960260  
Listing period 02-2020  
Your ref.no.(s): 39221  
Deb. no. 108941

Product	Gross weight	Net weight	Price	Amount in USD
Forwarded 02/11/2019				
	43,092 LBS	42,000 LBS	0.6630 / 1 LBS	27,846.00
SANSTRANS PCS-MB / MB (RSPO Mass Balance) 06000286330				
840 50# Cube				
SalesOrder	844719	Delivery order	1960260	Contract 40173818
Origin	Malaysia			

**Final amount 27,846.00**

Delivery : ARRO CORPORATION / HODGKINS PLANT 7250A SANTA FE DRIVE HODGKINS  
Payment Advance payment

**Remit by Check:**  
Loders Croklaan USA  
P.O. Box 751594  
Charlotte, NC 28275

**Remit by Wire/ACH:**  
Wells Fargo Bank  
400 Montgomery Street  
San Francisco, CA 94101

**BY Wire/ACH:**  
ABA#121000248/Acct#2018610844578





**Accountancy Invoice**

ARRO CORPORATION  
7440 SANTA FE  
HODGKINS IL 60525  
United States

Invoice date: 04/18/2019  
Page 1/1  
Invoice no. 7218969  
Post address 108941  
Delivery order 1977013  
Listing period 04-2020  
Your ref.no.(s): 40180  
Deb. no. 108941

Product	Gross weight	Net weight	Price	Amount in USD
Forwarded 04/17/2019				
	30,780 LBS	30,000 LBS	0.6545 / 1 LBS	19,635.00
SANSTRANS PCS-MB / MB (RSPO Mass Balance) 06000286330				
600 50# Cube				
SalesOrder	852417	Delivery order	1977013	Contract 40175070
Origin	Malaysia			
Final amount				19,635.00

Delivery : ARRO CORPORATION / HODGKINS PLANT 7250A SANTA FE DRIVE HODGKINS  
Payment Advance payment

**Remit by Check:**  
Loders Croklaan USA  
P.O. Box 751594  
Charlotte, NC 28275

**Remit by Wire/ACH:**  
Wells Fargo Bank  
400 Montgomery Street  
San Francisco, CA 94101

**BY Wire/ACH:**  
ABA#121000248/Acct#2018610844578